

Work Order ID 92078

92078

Page 1

October-22-12 3:19:53 PM

Item ID: 647.1817

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Support RH

Stop *NS2*

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: ML5 Date: 12-10-22 Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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647.1800	N/C
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110

0.00

110

Waterjet

FLOW CNC Waterjet

2624.063

Memo

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2-Deburr if necessary

0.00

SCRAP

6

0

Jm 12-11-1

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

6

0

Jm 12-11-1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 92078

October-22-12 3:19:53 PM

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Page 2

Item ID: 647.1817

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Support RH

Stop

NS2

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N)

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

121101

140

Form as per dwg

0.00

140

Brake NC

Memo

0.00

Brake NC

150

QC5- Inspect part completeness to step on W/O

0.00

150

QC

Memo

0.00

Quality Control

121122

PTO

NCR: ☒ Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQAC: AK Date: 12/12/21

QA Closed: CK Date: 11

Work Order: <u>92078</u> Part No. <u>647-1212</u> NCR No. <u>12-2158</u>	DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table border="0"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input checked="" type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input checked="" type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input checked="" type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input checked="" type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input checked="" type="checkbox"/>	12/11/22	140	5	part crack grain direction were wrong No mention on drawing	DAS 16 8-83 12/12/14	Scrap & destroy no replace	SS 12/11/22	DAS 15 8-83	AS7042 12/12/14
Setup <input type="checkbox"/>						QTY 5		12/11/22	
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>				R-C process		install not on Bug fix Grain direction	12/12/18		

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input checked="" type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input checked="" type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input checked="" type="checkbox"/> Other No Grain direction on Drawing not on work order	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled
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92078

Page 3

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

Start Date: 22/10/2012 **Start Qty:** 6.00

6

Customer:

Required Date: 05/11/2012 **Req'd Qty:** 6.00

6

Reference:

Run Start *NR1*

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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160

Outsource process-Anodize per QSI017 4.1.10.1

0.00

160

Outsource4

Memo

0.00

Outsource process - Anodize

ISSUE P/O:

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

170

Receive & Inspect for Damage & Mat'l Certs

0.00

170

Packaging

Memo

0.00

Packaging

180

QC5- Inspect part completeness to step on W/O

0.00

180

QC

Memo

0.00

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 92078

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92078

Page 4

Item ID: 647.1817

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: Support RH

Stop ***NS2***

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190		0.00							
190									
SprayPaint	Memo	0.00							
Spray Painting	PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)								
	CARDINAL 4860-50 PRIMER BATCH: _____								
200	QC14- Inspect Spray Paint	0.00							
200									
QC	Memo	0.00							
Quality Control									
210	Identify as per dwg & Stock Location: _____	0.00							
210									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____	

Work Order ID 92078

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92078

Page 5

Item ID: 647.1817

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Support RH

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Memo

0.00

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____	

Picklist Print

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Page 1

Work Order ID: 92078

92078

Parent Item: 647.1817

647 1817

Parent Item Name: Support RH

Start Date: 22/10/2012

Required Date: 05/11/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M2024T3S.063

Purchased

No

110

sf

40.4700

0.3155

~~1.992632~~

**

2.0

Jmzm

M2024T3S.063

2024-13.063 sheet

Location

Loc Qty

Loc Code

MAT022

40.47

119916

0.1

121197

16.32

123096

24.05

123096

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

NOTES:

1. MATERIAL: ALUMINUM 2024-T3 PER AMS QQ-A-250/4
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE II CLASS 2 COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-233/7J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120

UNCONTROLLED

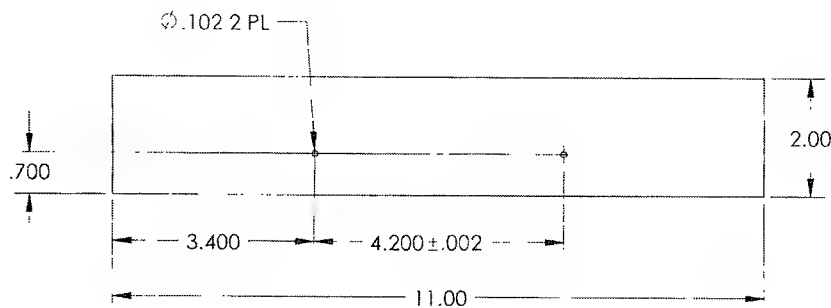
SUBJECT TO

WITH NO WORK ORDER

NO. 92078 MJS

12-10-22

647.1810



.063

QTY	PN#	PART #	DESCRIPTION	MATL	SPEC.
		647.1818	NOSE DOOR SPACER	△	△
		647.1817	SUPPORT RH	△	△
		647.1816	SUPPORT LH	△	△
		647.1815	GUSSET RH	△	△
		647.1814	GUSSET LH	△	△
		647.1813	ANGLE	△	△
		647.1812	SHIM	△	△
		647.1811	SPACER	△	△
		647.1810	NOSE DOOR DOUBLER	△	△
QTY	PN#	PART #	DESCRIPTION	MATL	SPEC.
		647.1800	NOSE DOOR DOUBLER	△	△

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760) 774-5300

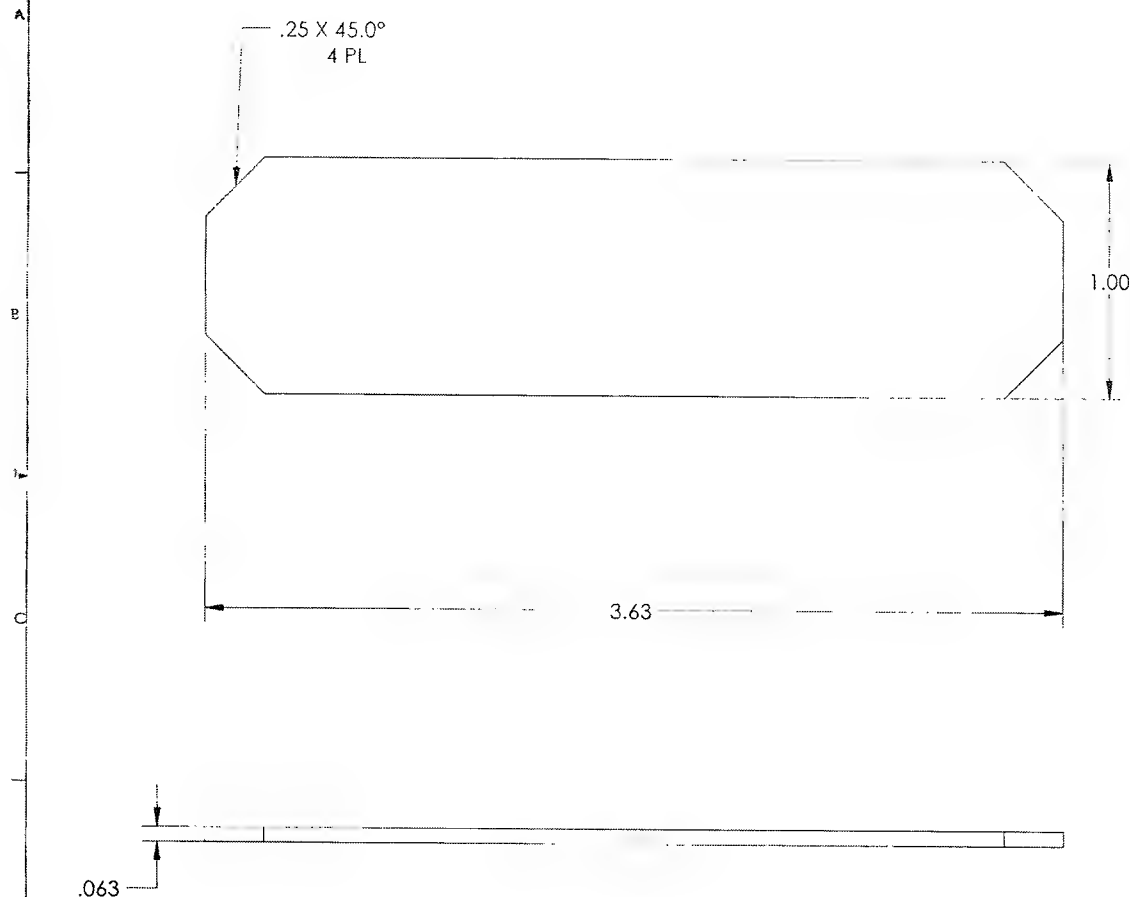
SHEETMETAL

647.1800

SCALE: NONE

SHEET 1 OF 7

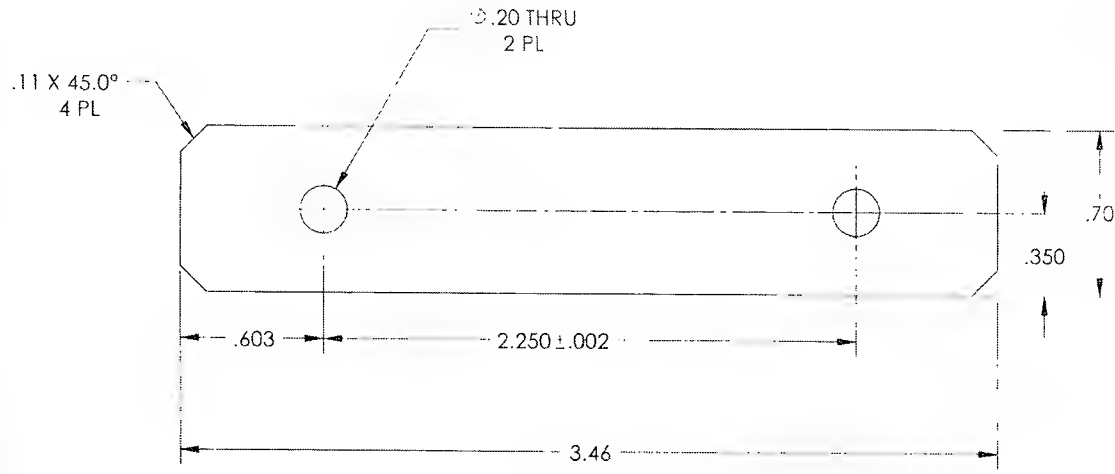
92078



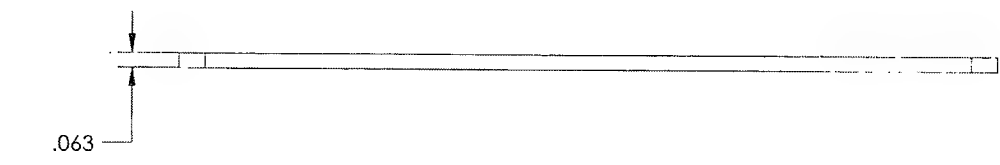
647.1811

1. WORKING DSA 2. MODIFIED 2021-01-01 3. 100% 100% 4. 100% 100% 5. 100% 100% 6. 100% 100% 7. 100% 100% 8. 100% 100% 9. 100% 100% 10. 100% 100% 11. 100% 100% 12. 100% 100% 13. 100% 100% 14. 100% 100% 15. 100% 100% 16. 100% 100% 17. 100% 100% 18. 100% 100% 19. 100% 100% 20. 100% 100% 21. 100% 100% 22. 100% 100% 23. 100% 100% 24. 100% 100% 25. 100% 100% 26. 100% 100% 27. 100% 100% 28. 100% 100% 29. 100% 100% 30. 100% 100% 31. 100% 100% 32. 100% 100% 33. 100% 100% 34. 100% 100% 35. 100% 100% 36. 100% 100% 37. 100% 100% 38. 100% 100% 39. 100% 100% 40. 100% 100% 41. 100% 100% 42. 100% 100% 43. 100% 100% 44. 100% 100% 45. 100% 100% 46. 100% 100% 47. 100% 100% 48. 100% 100% 49. 100% 100% 50. 100% 100% 51. 100% 100% 52. 100% 100% 53. 100% 100% 54. 100% 100% 55. 100% 100% 56. 100% 100% 57. 100% 100% 58. 100% 100% 59. 100% 100% 60. 100% 100% 61. 100% 100% 62. 100% 100% 63. 100% 100% 64. 100% 100% 65. 100% 100% 66. 100% 100% 67. 100% 100% 68. 100% 100% 69. 100% 100% 70. 100% 100% 71. 100% 100% 72. 100% 100% 73. 100% 100% 74. 100% 100% 75. 100% 100% 76. 100% 100% 77. 100% 100% 78. 100% 100% 79. 100% 100% 80. 100% 100% 81. 100% 100% 82. 100% 100% 83. 100% 100% 84. 100% 100% 85. 100% 100% 86. 100% 100% 87. 100% 100% 88. 100% 100% 89. 100% 100% 90. 100% 100% 91. 100% 100% 92. 100% 100% 93. 100% 100% 94. 100% 100% 95. 100% 100% 96. 100% 100% 97. 100% 100% 98. 100% 100% 99. 100% 100% 100. 100% 100% 101. 100% 100% 102. 100% 100% 103. 100% 100% 104. 100% 100% 105. 100% 100% 106. 100% 100% 107. 100% 100% 108. 100% 100% 109. 100% 100% 110. 100% 100% 111. 100% 100% 112. 100% 100% 113. 100% 100% 114. 100% 100% 115. 100% 100% 116. 100% 100% 117. 100% 100% 118. 100% 100% 119. 100% 100% 120. 100% 100% 121. 100% 100% 122. 100% 100% 123. 100% 100% 124. 100% 100% 125. 100% 100% 126. 100% 100% 127. 100% 100% 128. 100% 100% 129. 100% 100% 130. 100% 100% 131. 100% 100% 132. 100% 100% 133. 100% 100% 134. 100% 100% 135. 100% 100% 136. 100% 100% 137. 100% 100% 138. 100% 100% 139. 100% 100% 140. 100% 100% 141. 100% 100% 142. 100% 100% 143. 100% 100% 144. 100% 100% 145. 100% 100% 146. 100% 100% 147. 100% 100% 148. 100% 100% 149. 100% 100% 150. 100% 100% 151. 100% 100% 152. 100% 100% 153. 100% 100% 154. 100% 100% 155. 100% 100% 156. 100% 100% 157. 100% 100% 158. 100% 100% 159. 100% 100% 160. 100% 100% 161. 100% 100% 162. 100% 100% 163. 100% 100% 164. 100% 100% 165. 100% 100% 166. 100% 100% 167. 100% 100% 168. 100% 100% 169. 100% 100% 170. 100% 100% 171. 100% 100% 172. 100% 100% 173. 100% 100% 174. 100% 100% 175. 100% 100% 176. 100% 100% 177. 100% 100% 178. 100% 100% 179. 100% 100% 180. 100% 100% 181. 100% 100% 182. 100% 100% 183. 100% 100% 184. 100% 100% 185. 100% 100% 186. 100% 100% 187. 100% 100% 188. 100% 100% 189. 100% 100% 190. 100% 100% 191. 100% 100% 192. 100% 100% 193. 100% 100% 194. 100% 100% 195. 100% 100% 196. 100% 100% 197. 100% 100% 198. 100% 100% 199. 100% 100% 200. 100% 100% 201. 100% 100% 202. 100% 100% 203. 100% 100% 204. 100% 100% 205. 100% 100% 206. 100% 100% 207. 100% 100% 208. 100% 100% 209. 100% 100% 210. 100% 100%<

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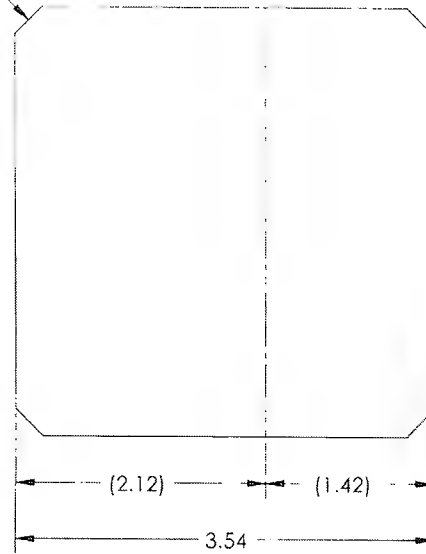


647.1812

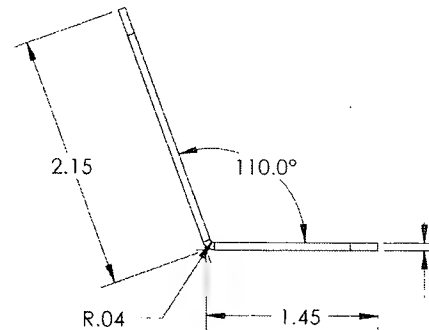
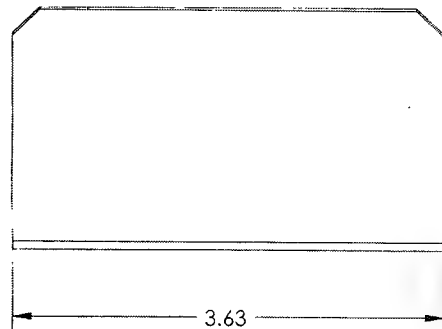


DRAWN BY: E CHECKED BY: E DESIGNED BY: E MANUFACTURED BY: E MATERIAL: E FINISH: E TOLERANCES: E DIMENSIONS: E UNITS: E	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300 SHEETMETAL
DATE: 07/11/06 DRAWING NO: 647.1800 SCALE: NONE SHEET: 3 OF 7	REV: N/C

.23 X 45.0°
4 PL



FLAT PATTERN



647.1813

APICAL INDUSTRIES
2409 TEMPLE HEIGHTS DR
OCEANSIDE, CA 92056-3512 (760) 724 5300

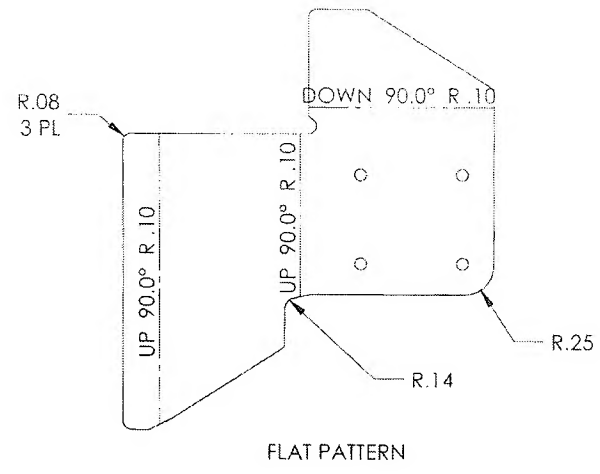
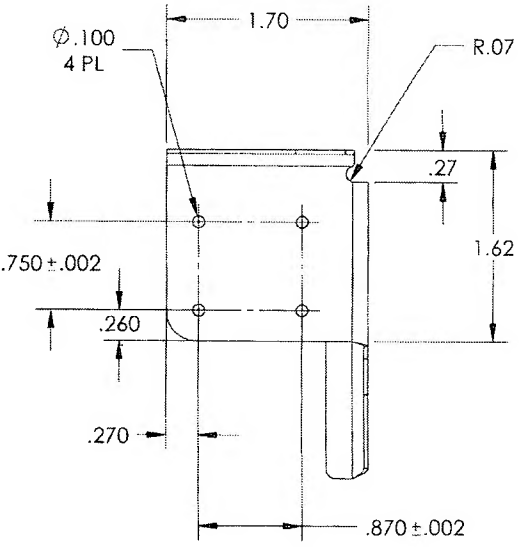
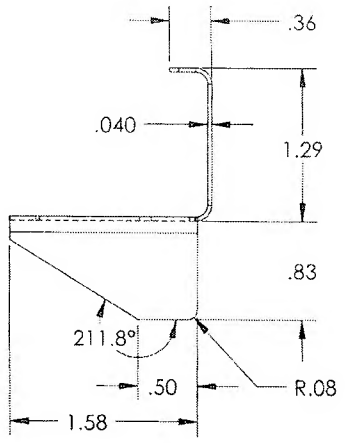
APICAL INDUSTRIES
2409 TEMPLE HEIGHTS DR
OCEANSIDE, CA 92056-3512 (760) 724 5300

SHEETMETAL

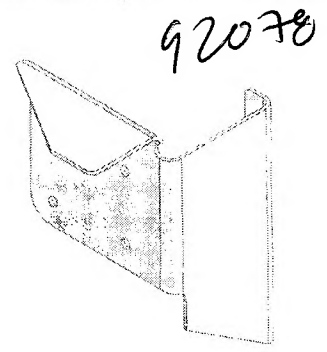
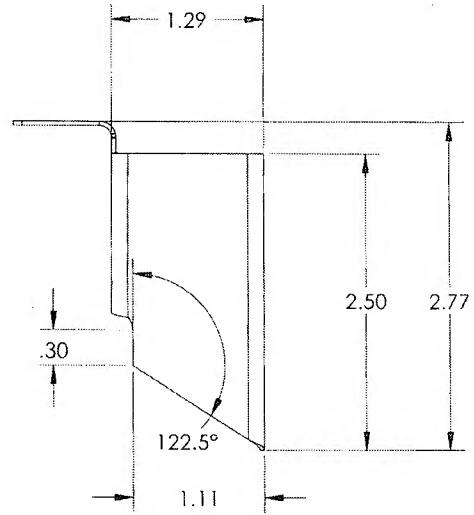
UNLESS OTHERWISE SPECIFIED
DIMENSIONS ARE IN INCHES
FRACTIONS SHALL BE IN 16ths
DECIMALS SHALL BE TO 3 PLACES
ANGLES IN DEGREES

REV	DATE	BY	CHKD	APP'D
1	07/26/06			
SCALE: NONE		SHEET 4 OF 7		

ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES
 ALL DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED
 ALL DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED



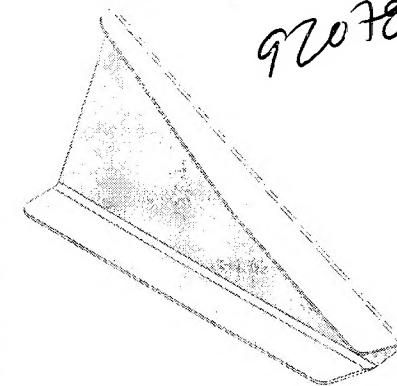
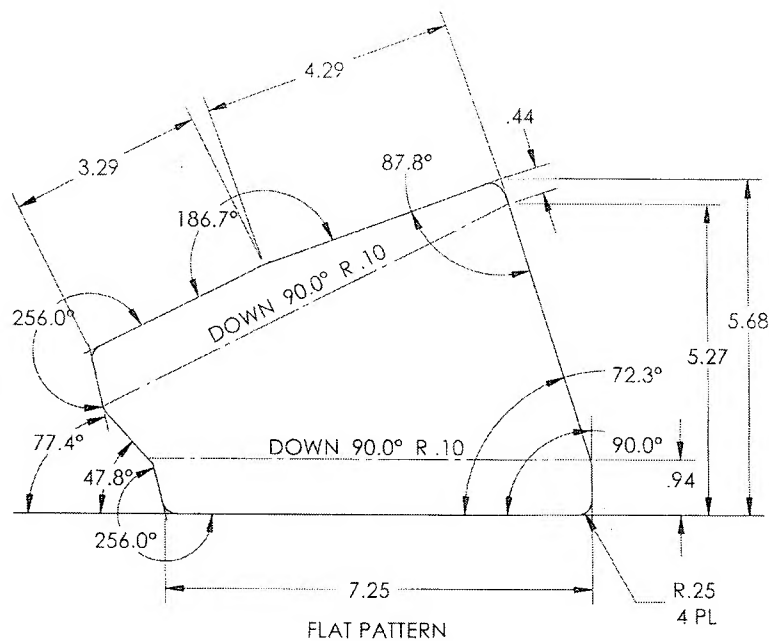
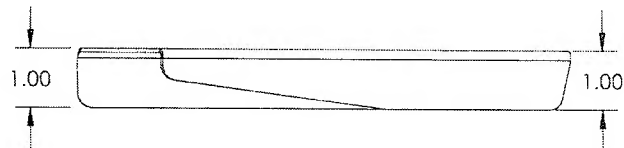
FLAT PATTERN



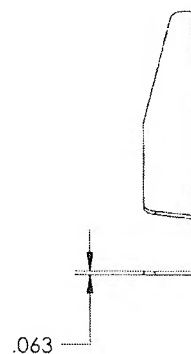
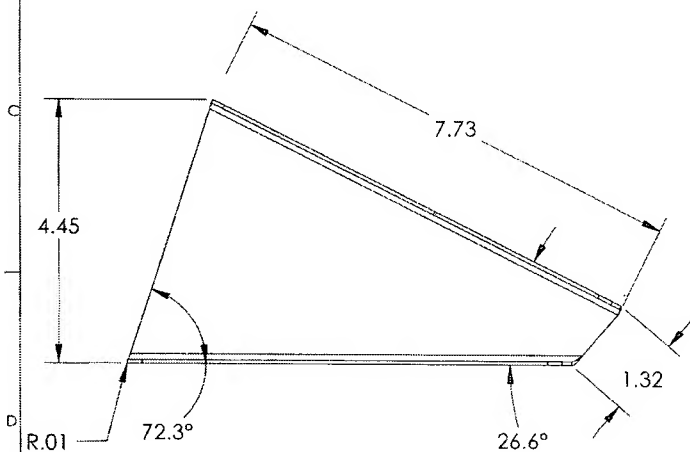
647.1814 SHOWN
 647.1815 OPPOSITE

ORIGINAL DATE AUG 28 1981		DESIGN J. GARDNER		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWING APPROVAL J. GARDNER		CHECKED J. GARDNER		SHEETMETAL	
DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED		THE (CASE CODE) ENGR. NO. B 074126 647.1800		REV. N/C	
SCALE: NONE		SHEET 5 OF 7			

ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES
FRACTIONS ARE TO BE SHOWN IN DECIMALS OF AN INCH
TOLERANCES ARE TO BE SHOWN IN DECIMALS OF AN INCH

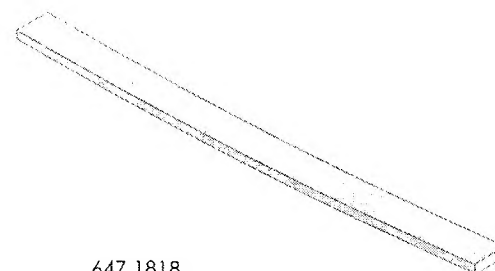


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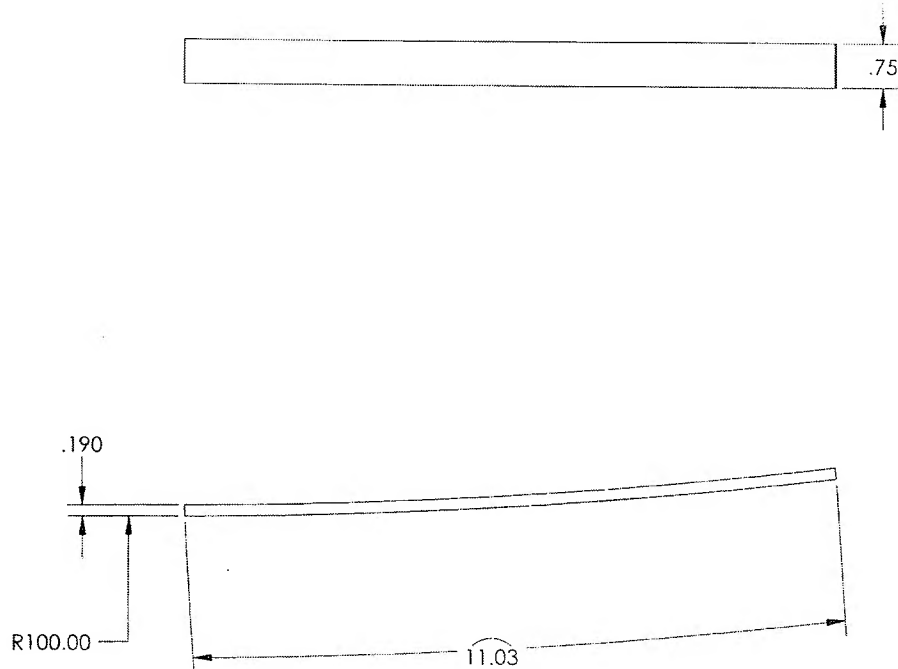


ORIGINAL DATE: 08-01-09		APICAL INDUSTRIES	
DRAWN BY: SRECHT		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: P. BRAVO		OCEANSIDE, CA 92056-3512 (760) 724-5300	
DESIGNED BY: P. BRAVO		SHEETMETAL	
MATERIAL: 304 STAINLESS STEEL			
OTHER NOTES: SEE SPECIFICATIONS FOR MATERIALS AND FINISHES			
TOLERANCES: FRACTIONS TO BE SHOWN IN DECIMALS OF AN INCH			
UNLESS OTHERWISE SPECIFIED			
SIZE	CAGE CODE	DWG. NO.	REV.
B	07M26	647.1800	N/C
SCALE: NONE		SHEET 6 OF 7	

92078



647.1818

[illegible]

